

Damaged Document(s)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This report preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. * 133

Place of Birth Miami, Arizona County No. St.

SEX OF CHILD <u>Female</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH <u>Sept.</u> <u>12</u> <u>1924</u>	(Month)	(Day)	(Year)
FULL NAME <u>Frank Amaya</u>	FATHER		
FULL MAIDEN NAME <u>is</u>	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Dolores Amaya (Give name in full) (Surname)

Luisa Amaya (Parent's Signature)

(Signature of Physician or Midwife)

*These items should be entered by the local registrar before giving out this form.

Blank supplementary reports of birth may be obtained from the local registrar.

10M-8-42-Bo Co.

411-912-359